



PATENT
802220-0022US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: BELLIARD et al.

Appln. No.: 10/735,603

Filed: December 12, 2003

For: **INTERVERTEBRAL DISK PROSTHESIS**

Examiner: Bonderer, D.

GAU: 3732

Confirmation No.: 1725

REQUEST TO CORRECT INVENTORSHIP
UNDER 37 C.F.R. § 1.48(a)

U.S. Patent and Trademark Office
220 20th Street South
Customer Window
Crystal Plaza Two, Lobby, Room 1B03
Arlington, VA 22202

Sir:

Pursuant to 37 C.F.R. § 1.48(a)(1), correction of inventorship of the above-identified application is hereby requested.

Subsequent to the submission of a Declaration under 37 C.F.R. § 1.63 on May 21, 2004, the identification of inventors in the Declaration was found to be in error. The addition of two inventors was found to be necessary in order to correctly identify the inventors of the presently claimed invention.

As required by 37 C.F.R. § 1.48(a)(2), a statement from each person being added as an inventor is submitted herewith, each person stating that the error in inventorship occurred without deceptive intent on his part.

As required by 37 C.F.R. § 1.48(a)(3), a Declaration under 37 C.F.R. § 1.63 identifying and signed by all inventors, including those newly identified, is submitted herewith.

As required by 37 C.F.R. § 1.48(a)(4), the required fee under 37 C.F.R. 1.17(i) is to be charged to Deposit Account No. 502-927, for which purpose this request is submitted in duplicate.

As required by 37 C.F.R. § 1.48(a)(5), written consent of the Assignee of record in accordance with 37 C.F.R. 3.73(b) is submitted herewith.

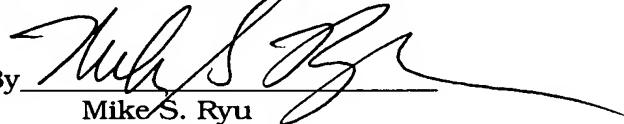
In addition to the foregoing, a Supplemental Application Data Sheet in accordance with 37 C.F.R. § 1.76(c) and MPEP § 601.05 is submitted herewith.

The Commissioner is hereby authorized to charge any fee due in connection with this communication, payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 502-927.

Respectfully submitted,

CABINET BEAU DE LOMENIE

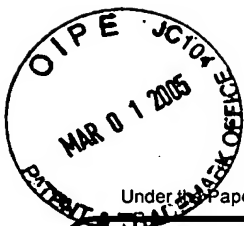
By


Mike S. Ryu
Reg. No. 38,604

158 rue de l'Université
Paris 75007 FRANCE
Telephone: 011 33 1 4418 8900
Fax: 011 33 1 4418 0423
EMAIL: MRYU@CABINETBEAUDELOMENIE.FR

Date:

February 28, 2005



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PTO/SB/17i (11-04)
Approved for use through 07/31/2007. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PROCESSING FEE

Under 37 CFR 1.17(i)

TRANSMITTAL

(Fees are subject to annual revision)

Send completed form to: Commissioner for Patents
P.O. Box 1450, Alexandria, VA 22313-1450

Application Number	10/735,603
Filing Date	December 12, 2003
First Named Inventor	BELLIARD
Art Unit	3732
Examiner Name	BONDERER, D.
Attorney Docket Number	802220-0022US

Enclosed is a paper filed under 37 CFR 1.48 that requires a processing fee (37 CFR 1.17(i)).
Payment of \$ 130 is enclosed.

This form should be included with the above-mentioned paper and faxed or mailed to the Office using the appropriate Mail Stop, if applicable. For transmittal of petition fees under 37 CFR 1.17(f), (g) or (h), see form PTO/SB/17p.

Payment of Fees (small entity amounts are NOT available for the petition fees)

☒ The Commissioner is hereby authorized to charge the following fees to Deposit Account No. 502-927:

☒ processing fee under 37 CFR 1.17(i) ☒ any deficiency of fees and credit of any overpayments

Enclose a duplicative copy of this form for fee processing.

☐ Check in the amount of \$ _____ is enclosed.

☐ Payment by credit card (Form PTO-2038 or equivalent enclosed). Do not provide credit card information on this form.

Processing Fees under 37 CFR 1.17(i): Fee \$130 Fee Code 1808 for all, Except for § 1.221 papers (Fee Code 1803)

For papers filed under:

- § 1.28(c)(3) - for processing a non-itemized fee deficiency based on an error in small entity status.
- § 1.41 - for supplying the name or names of the inventor or inventors after the filing date without an oath or declaration as prescribed by § 1.63, except in provisional applications.
- § 1.48 - for correcting inventorship, except in provisional applications.
- § 1.52(d) - for processing a nonprovisional application filed with a specification in a language other than English.
- § 1.53(b)(3) - to convert a provisional application filed under § 1.53(c) into a nonprovisional application under § 1.53(b).
- § 1.55 - for entry of late priority papers.
- § 1.99(e) - for processing a belated submission under § 1.99.
- § 1.103(b) - for requesting limited suspension of action, continued prosecution application (§ 1.53(d)).
- § 1.103(c) - for requesting limited suspension of action, request for continued examination (§ 1.114).
- § 1.103(d) - for requesting deferred examination of an application.
- § 1.217 - for processing a redacted copy of a paper submitted in the file of an application in which a redacted copy was submitted for the patent application publication.
- § 1.221 - for requesting voluntary publication or republication of an application. **Fee Code 1803**
- § 1.291(c)(5) - for processing a second or subsequent protest by the same real party in interest.
- § 1.497(d) - for filing an oath or declaration pursuant to 35 U.S.C. 371(c)(4) naming an inventive entity different from the inventive entity set forth in the international stage.
- § 3.81 - for a patent to issue to assignee, assignment submitted after payment of the issue fee.

Mike S. RYU

Signature

Typed or printed name

February 28, 2005

38604 Date

Registration No., if applicable

This collection of information is required by 37 CFR 1.17. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 5 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



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802220-0022US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: BELLARD et al.

Appln. No.: 10/735,603 Filed: December 12, 2003

For: **INTERVERTEBRAL DISK PROSTHESIS**

Examiner: Bonderer, D.

GAU: 3732

Confirmation No.: 1725

REQUEST TO CORRECT INVENTORSHIP
UNDER 37 C.F.R. § 1.48(a)

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220 20th Street South
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Crystal Plaza Two, Lobby, Room 1B03
Arlington, VA 22202

Sir:

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As required by 37 C.F.R. § 1.48(a)(2), a statement from each person being added as an inventor is submitted herewith, each person stating that the error in inventorship occurred without deceptive intent on his part.

As required by 37 C.F.R. § 1.48(a)(3), a Declaration under 37 C.F.R. § 1.63 identifying and signed by all inventors, including those newly identified, is submitted herewith.

As required by 37 C.F.R. § 1.48(a)(4), the required fee under 37 C.F.R. 1.17(i) is to be charged to Deposit Account No. 502-927, for which purpose this request is submitted in duplicate.

As required by 37 C.F.R. § 1.48(a)(5), written consent of the Assignee of record in accordance with 37 C.F.R. 3.73(b) is submitted herewith.

In addition to the foregoing, a Supplemental Application Data Sheet in accordance with 37 C.F.R. § 1.76(c) and MPEP § 601.05 is submitted herewith.


03/03/2005 MBEYENE1 00000049 502927 10735603

01 FC:1464 130.00 DA

The Commissioner is hereby authorized to charge any fee due in connection with this communication, payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 502-927.

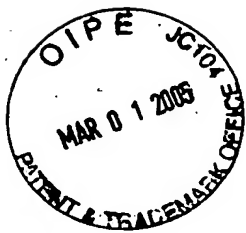
Respectfully submitted,

CABINET BEAU DE LOMENIE

By 
Mike S. Ryu
Reg. No. 38,604

158 rue de l'Université
Paris 75007 FRANCE
Telephone: 011 33 1 4418 8900
Fax: 011 33 1 4418 0423
EMAIL: MRYU@CABINETBEAUDELOMENIE.FR

Date: Feb 28 2005



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In re Application of: BELLIARD et al.

Appln. No.: 10/735,603

Filed: December 12, 2003

For: INTERVERTEBRAL DISK PROSTHESIS

Examiner: Unknown

GAU: 3738

Confirmation No.: 1725

STATEMENT OF JACQUES SENEGAS UNDER 37 C.F.R. § 1.48(a)(2)

U.S. Patent and Trademark Office
220 20th Street South
Customer Window
Crystal Plaza Two, Lobby, Room 1B03
Arlington, VA 22202

Sir:

In connection with the Request to Correct Inventorship Under 37 C.F.R. § 1.48(a) being filed herewith, I, Jacques SENEGAS, offer the following statement under 37 C.F.R. § 1.48(a)(2).

I hereby state that I am an inventor of the invention claimed in U.S. Patent Application No. 10/735,603 filed on December 12, 2003. I further state the failure to identify me as an inventor in said patent application occurred without any deceptive intention on my part.

DATE: 12/12/04

Jacques SENEGAS



PATENT
802220-0022US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: BELLIARD et al.

Appln. No.: 10/735,603

Filed: December 12, 2003

For: INTERVERTEBRAL DISK PROSTHESIS

Examiner: Unknown

GAU: 3738

Confirmation No.: 1725

STATEMENT OF PAOLO MANGIONE UNDER 37 C.F.R. § 1.48(a)(2)

U.S. Patent and Trademark Office
220 20th Street South
Customer Window
Crystal Plaza Two, Lobby, Room 1B03
Arlington, VA 22202

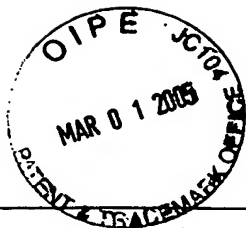
Sir:

In connection with the Request to Correct Inventorship Under 37 C.F.R. § 1.48(a) being filed herewith, I, Paolo MANGIONE, offer the following statement under 37 C.F.R. § 1.48(a)(2).

I hereby state that I am an inventor of the invention claimed in U.S. Patent Application No. 10/735,603 filed on December 12, 2003. I further state the failure to identify me as an inventor in said patent application occurred without any deceptive intention on my part.

DATE: 12/12/04


Paolo MANGIONE



Declaration and Power of Attorney for Patent Application

Déclaration et Pouvoirs pour Demande de Brevet

French Language Declaration

En tant que l'inventeur nommé ci-après, je déclare par le présent acte que:

Mon domicile, mon adresse postale et ma nationalité sont ceux figurant ci-dessous à côté de mon nom.

Je crois être le premier inventeur original et unique (si un seul nom est mentionné ci-dessous), ou l'un des premiers co-inventeurs originaux (si plusieurs noms sont mentionnés ci-dessous) de l'objet revendiqué, pour lequel une demande de brevet a été déposée concernant l'invention intitulée

[Redacted box for inventor name]

et dont la description est fournie ci-joint à moins que la case suivante n'ait été cochée:

- ☐ a été déposée le [Redacted] sous le numéro de demande des Etats-Unis ou le numéro de demande international PCT [Redacted] et modifiée le [Redacted] (le cas échéant).

Je déclare par le présent acte avoir passé en revue et compris le contenu de la description ci-dessus, revendications comprises, telles que modifiées par toute modification dont il aura été fait référence ci-dessus.

Je reconnais devoir divulguer toute information pertinente à la brevetabilité, comme défini dans le Titre 37, § 1.56 du Code fédéral des réglementations.

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

INTERVERTEBRAL DISK PROSTHESIS

the specification of which is attached hereto unless the following box is checked:

- ☒ was filed on December 12, 2003 as United States Application Number or PCT International Application Number 10/735,603 and was amended on [Redacted] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56.

French Language Declaration

Je revendique par le présent acte avoir la priorité étrangère, en vertu du Titre 35, § 119(a)-(d) ou § 365(b) du Code des Etats-Unis, sur toute demande étrangère de brevet ou certificat d'inventeur ou, en vertu du Titre 35, § 365(a) du même Code, sur toute demande internationale PCT désignant au moins un pays autre que les Etats-Unis et figurant ci-dessous et, en cochant la case, j'ai aussi indiqué ci-dessous toute demande étrangère de brevet, tout certificat d'inventeur ou toute demande internationale PCT ayant une date de dépôt précédant celle de la demande à propos de laquelle une priorité est revendiquée.

Prior foreign application(s)
Demande(s) de brevet antérieure(s)

03 09596 FRANCE

(Number) (Country)
(Numéro) (Pays)

(Number) (Country)
(Numéro) (Pays)

Je revendique par le présent acte tout bénéfice, en vertu du Titre 35, § 119(e) du Code des Etats-Unis, de toute demande de brevet provisoire effectuée aux Etats-Unis et figurant ci-dessous.

(Application No.) (Filing Date)
(N° de demande) (Date de dépôt)

(Application No.) (Filing Date)
(N° de demande) (Date de dépôt)

Je revendique par le présent acte tout bénéfice, en vertu du Titre 35, § 120 du Code des Etats-Unis, de toute demande de brevet effectuée aux Etats-Unis, ou en vertu du Titre 35, § 365(c) du même Code, de toute demande internationale PCT désignant les Etats-Unis et figurant ci-dessous et, dans la mesure où l'objet de chacune des revendications de cette demande de brevet n'est pas divulgué dans la demande antérieure américaine ou internationale PCT, en vertu des dispositions du premier paragraphe du Titre 35, § 112 du Code des Etats-Unis, je reconnais devoir divulguer toute information pertinente à la brevetabilité, comme défini dans le Titre 37, § 1.56 du Code fédéral des réglementations, dont j'ai pu disposer entre la date de dépôt de la demande antérieure et la date de dépôt de la demande nationale ou internationale PCT de la présente demande:

(Application No.) (Filing Date)
(N° de demande) (Date de dépôt)

(Application No.) (Filing Date)
(N° de demande) (Date de dépôt)

Je déclare par le présent acte que toute déclaration ci-incluse est, à ma connaissance, véridique et que toute déclaration formulée à partir de renseignements ou de suppositions est tenue pour véridique; et de plus, que toutes ces déclarations ont été formulées en sachant que toute fausse déclaration volontaire ou son équivalent est passible d'une amende ou d'une incarcération, ou des deux, en vertu de la Section 1001 du Titre 18 du Code des Etats-Unis, et que de telles déclarations volontairement fausses risquent de compromettre la validité de la demande de brevet ou du brevet délivré à partir de celle-ci.

I hereby claim foreign priority under Title 35, United States Code, § 119(a)-(d) or § 365 (b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT International application which designated at least one country other than the United States, listed below, and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed.

Priority Claimed
Droit de priorité revendiqué

04/08/2003
(Day/Month/Year Filed)
(Jour/Mois/Année de dépôt)

☒

(Day/Month/Year Filed)
(Jour/Mois/Année de dépôt)

☐

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below.

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s), or § 365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

(Status)
(Statut)

pending en cours d'examen

(Status)
(Statut)

patented breveté

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

French Language Declaration

POUVOIRS : En tant que l'inventeur cité, je désigne par la présente les conseils associés avec le numéro d'utilisateur 36713 pour qu'ils poursuivent la procédure de cette demande de brevet et traitent de toute affaire s'y rapportant avec l'Office Américain des brevets et des marques. Veuillez adresser toute correspondance à l'adresse correspondant au numéro d'utilisateur ci-dessus.

POWER OF ATTORNEY : As a named inventor, I hereby appoint the practitioners associated with the Customer Number 36713 to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith. Please recognize the correspondence address associated with Customer Number 36713 as the correspondence address for the above-identified application.

Adresser toute correspondance à:

Send Correspondence to:

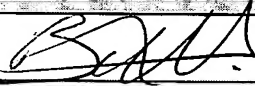
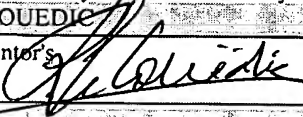
Cabinet BEAU DE LOMENIE
158 Rue de l'Université
F-75340 PARIS Cedex 07, France

Adresser tout appel téléphonique à:
(nom et numéro de téléphone)

Direct Telephone Calls to:
(name and telephone number)

Mike RYU

(33) 1 44 18 89 00

Nom complet de l'unique ou premier inventeur		Full name of sole or first inventor	
		Karl BELLIARD	
Signature de l'inventeur	Date	Inventor's signature	Date
			
Domicile		Residence	BORDEAUX
Nationalité		Citizenship	France
Adresse postale		Post Office Address	19 Rue Fondaudège 33000 BORDEAUX France
Nom complet du second co-inventeur, le cas échéant		Full name of second joint inventor, if any	
		Régis LE COUEDIC	
Signature du second inventeur	Date	Second Inventor's signature	Date
			
Domicile		Residence	ANDRESY
Nationalité		Citizenship	France
Adresse postale		Post Office Address	11 Rue Lamartine 78570 ANDRESY France

(Fournir les mêmes renseignements et la signature de tout co-inventeur supplémentaire.)

(Supply similar information and signature for third and subsequent joint inventors.)

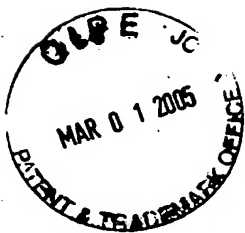
Nom complet du troisième co-inventeur, le cas échéant	Full name of the third joint inventor, if any
	Jacques SENEGAS
Signature du troisième inventeur	Third Inventor's signature
Date	Date
Domicile	Residence
	MERIGNAC
Nationalité	Citizenship
	France
Adresse postale	Post Office Address
	5 Allée de Daphné Rue Alfred de Vigny 33700 MERIGNAC France

Nom complet du quatrième co-inventeur, le cas échéant	Full name of the fourth joint inventor, if any
	Paolo MANGIONE
Signature du quatrième inventeur	Fourth Inventor's signature
Date	Date
Domicile	Residence
	PESSAC
Nationalité	Citizenship
	France
Adresse postale	Post Office Address
	73 Rue Xavier Arnozan 33600 PESSAC France

Nom complet du cinquième co-inventeur, le cas échéant	Full name of the fifth joint inventor, if any
Signature du cinquième inventeur	Fifth Inventor's signature
Date	Date
Domicile	Residence
Nationalité	Citizenship
Adresse postale	Post Office Address

(Fournir les mêmes renseignements et la signature de tout co-inventeur supplémentaire.)

(Supply similar information and signature for third and subsequent joint inventors.)



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Examiner: Unknown

GAU: 3738

Confirmation No.: 1725

STATEMENT OF ASSIGNEE SPINE NEXT UNDER 37 C.F.R. § 1.48(a)(5)

U.S. Patent and Trademark Office
220 20th Street South
Customer Window
Crystal Plaza Two, Lobby, Room 1B03
Arlington, VA 22202

Sir:

In connection with the Request to Correct Inventorship Under 37 C.F.R. § 1.48(a) being filed herewith, the Assignee of above-identified application, SPINE NEXT, by its below-identified officer/duly empowered individual, offer the following statement under 37 C.F.R. § 1.48 (a)(5).

Assignee SPINE NEXT consents to the Request to Correct Inventorship being filed herewith to add Jacques SENEGAS and Paolo MANGIONE as inventors of the invention claimed in the present application. By my signature below I affirm that I am empowered to execute this statement on behalf of assignee SPINE NEXT.

SPINE NEXT

DATE: _____

By: _____

(signed)

Erick CLOIX

Printed Name

CEO

Title



Supplemental Application Data Sheet

Application information

Application Number:: 10/735,603
Application Type:: Regular
Subject Matter:: Utility
CD-ROM or CD-R:: None
Number of CD Disks::
Number of Copies of CDs::
Title:: Intervertebral Disk Prosthesis
Attorney Docket Number:: 802220-0022US

Inventor information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: French
Status:: Full Capacity
Given Name:: Karl
Family Name:: Belliard
City of Residence:: Bordeaux
State or Province of Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: 19 rue Fondaudège
City of Mailing Address:: Bordeaux
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal Code of Mailing Address:: 33000

Applicant Authority Type:: Inventor

Primary Citizenship Country:: French

Status:: Full Capacity

Given Name:: Régis

Family Name:: Le Couedic

City of Residence:: Andresy

State or Province of Residence::

Country of Residence:: FRANCE

Street of Mailing Address:: 11 rue Lamartine

City of Mailing Address:: Andresy

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal Code of Mailing Address:: 78570

Applicant Authority Type:: Inventor

Primary Citizenship Country:: French

Status:: Full Capacity

Given Name:: Jacques

Family Name:: Senegas

City of Residence:: Merignac

State or Province of Residence::

Country of Residence:: FRANCE

Street of Mailing Address:: 5 Allée de Daphné, rue Alfred de Vigny

City of Mailing Address:: Merignac

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal Code of Mailing Address:: 33700

Applicant Authority Type:: Inventor

Primary Citizenship Country:: French

Status:: Full Capacity

Given Name:: Paolo

Family Name:: Mangione

City of Residence:: Pessac

State or Province of Residence::

Country of Residence:: FRANCE

Street of Mailing Address:: 73 rue Xavier Arnozan

City of Mailing Address:: Pessac

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal Code of Mailing Address:: 33600

Correspondence information

Correspondence Customer Number:: 36713

Representative information

Representative Customer Number:: 36713

Domestic priority information

Application::	Continuity Type::	Parent Application::	Parent Filing Date ::

Foreign priority information

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	03 09596	08/04/03	Yes

Assignment information

Assignee Name:: SPINE NEXT

Street of Mailing Address:: 23 Parvis des Chartrons, Cité Mondiale

City of Mailing Address:: Bordeaux

Country of Mailing Address:: FRANCE

Postal Code of Address:: 33000



JFW

PTO/SB/21 (09-04)
Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

17

Application Number

10/735,603

Filing Date

December 12, 2003

First Named Inventor

BELLIARD

Art Unit

3732

Examiner Name

Bonderer, D.

Attorney Docket Number

802220-0022US

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input checked="" type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Req. to Correct Inventorship; underlying statements from added inventors and assignee; new inventor declaration/POA; supplemental ADS
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	Remarks	
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Cabinet Beau de Lomenie (Customer No. 36713)		
Signature			
Printed name	Mike S. RYU		
Date	February 28, 2005	Reg. No.	38,604

CERTIFICATE OF TRANSMISSION/MAILING

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